

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LV

JUNE, 1985

Number 5



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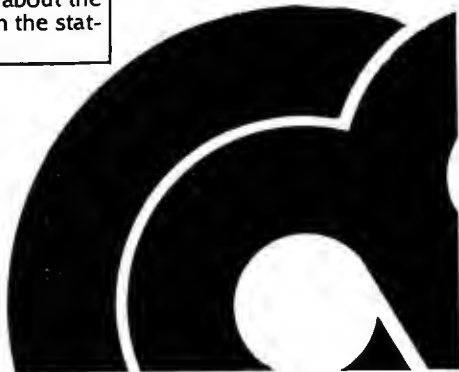
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 Executive Director: Robert B. Blake

1985 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1985

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 15	Mar. 19	May 21	Sept. 17	Nov. 19	Dec. 17

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From the Desk of the President



Quo Vadis Medicus?

Where are you going, Doctor? Where do we go from here? At the onset of what is known as the art and science of medicine, the closeness of the physician-priest with the gods provoked awe and fear from the suffering humanity. As time went on, powerful personalities in the history of medicine contributed to direct this knowledge closer to the scientific field. However, since the practice of medicine continues to be an art, some of the early mysticism has remained. Advances in technology and the rapid escalation of the cost of caring for the sick, as well as the perception of our profession by the public, has changed the complexion of medicine and therefore, we are obligated to take a good and hard look at ourselves.

Physicians are no longer called "the doctor", but the "provider". The sick are no longer "patients", but "recipients", and the financial responsibilities of the patients are met by some impersonal element called "the third party". Establishing and maintaining a one-to-one relationship with our patients has become increasingly under attack. In the past, because of our fierce independence we have endeavored to oppose changes that interfere with our customary way of practicing medicine. Perhaps it is time that we, without being absorbed by the system, take from this system and adapt our behavior according to whatever good features might be present in this new system that has been thrust upon us.

For a long time, medical decisions have been frequently maintained as the sole province of the mind of the physician rendering them. Oftentimes, these thoughts were not communicated. This has been unfortunate, because it has always been felt by our profession that the thought process involved in making a diagnosis, establishing a prognosis and rendering a treatment, according to the data obtained, be evident and clear and made available to other professionals. No serious and ethical physician will question the desirability of documenting the need for admission into the hospital, the need for a specific treatment, be it medical or surgical, and the need to involve his patient in this decision making. It is not surprising that the third-party payors have become interested in basing the reimbursement of the medical bills according to the data presented and recorded.

Available new technologies, demand for early diagnosis and treatment which sometimes are extremely expensive, and unreasonable expectations by the public, as well as the greed of some of our patients and other professionals have created a rather expensive monster whose strength has become practically impossible to control. Just as the public

(Continued on Page 112)



BULLETIN

of the Mahoning County Medical Society

Published Monthly for and by the Members

1005 Belmont Ave.
Youngstown, Ohio 44504
Phone 747-4956

*Not published in May,
July and August.*

Volume LV

JUNE, 1985

®  10

Number 5

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

EDITOR

Benjamin Hayek, M.D.

EDITOR EMERITUS

James L. Fisher, M.D.

MANAGING EDITOR

Robert B. Blake

EDITORIAL STAFF

Robert R. Fisher, M.D.

John C. Melnick, M.D.

James A. Lambert, M.D.

Jack Schreiber, M.D.

Richard W. Juvancic, M.D.

Editorial:

In the weeks since our last editorial, much has come to pass. The PPO is now in place and operational at St. Elizabeth; Met-Elect retreated and then advanced an altered proposal that rivals the Holy Bible in both volume and subtlety. An embryonic IPA is growing within us, and existing IPA's from without are courting us. We have started a campaign to formally inform the public of who *we think* we are, as opposed to what they *know* we are. Some physicians have started open advertising in the form of "advice" programs or columns.

Meetings which followed the deadline date for the PPO's were wrought with anger and dismay. Most had joined and were now wondering what was next. A few did not join and expressed open bitterness toward those who did. Accusations passed from one person to another concerning who was to bear responsibility for this mess. General Practitioners and Internists complained of exorbitant surgical fees and both complained of endoscopy fees. It was suggested that maybe these outrages contributed heavily to our present state.

However, one glimmer of hope became visible. A respected Orthopedist solemnly arose and asked "Is not our primary concern patient welfare? Do we not say that all we are doing is for the well being of our patients?" He then asked why is it we have never discussed caring for our patients. His statement was brief. A young Internist in a burst of anger and honesty then asked the questions directly: How could some fees be justified in good conscience? Why does he have to justify another's fees to his patients? He was so angered some thought he was incoherent - - I know he wasn't. The ensuing discussion promptly returned to fees. These brief statements remain the only time our mission as a profession has been seriously and openly questioned. Questions that needed answering were ignored and even ridiculed. Until these questions and others are dealt with openly, until those questions become the central issues of our concern, we will not be capable of extracting ourselves from this situation. If we cannot dissociate the material gain of our profession from the ideals of our profession, how can we determine our true motivation? And without knowing our motives, how dare we even to try to define ourselves to the public?

Factors that determine motives are so subtle that much time and effort (even pain) is required to uncover them. We still have not discussed who or what we are, and yet, we are ready to present an image to the public. If we

From The Desk of The President (Continued)

have not engaged in serious self-examination and introspection, then the and industry expect restraint from the physician, the very same restraint is applicable to the public. What we must safeguard is that the practice of medicine continues guided by the same ethical and moral principles that have been the cornerstone of our profession from the very beginning. Some of the directions into which we are pushed are not necessarily in the best interests of our patients. The era of a two-tier medicine may not be too far removed from this generation. It is not difficult to envision the time where there will be one level of medicine for the poor, another for the middle class and a third one for the rich.

While it is true that perhaps the solo practitioner may disappear and physicians will conglomerate more and more in group practices, it is also true that money-making professional outfits will develop that will attempt to obtain the greatest profit out of the present situation. Pressures upon the physicians from the public, the government and industry will indeed shape the delivery of medical care in a different fashion to the one up to now known to us. The alphabet soup of the new health care delivery systems is already upon us. It will be a sad day, however, when a physician is viewed as a businessman rather than as the deliverer of care, both to the body and the mind. Inequalities in the rendering of care based on financial determinations, may actually deprive some individuals of the needed attention at the same time that it will enrich the pockets of those entrepreneurs that will manage to "sign up" healthy people, unlikely to use much of their services, into the rosters of their patient population. Medical education and research may give way to marketing and caring for the patient may be mandated by fiscal decisions and not by the need of the sick.

We, as physicians, care for human beings. From the inception of this profession, we have endeavored to handle the person in toto; the body, the mind and, at times, the spirit. Like it or not, on many occasions we have vested ourselves with the garments of the priest as we help our patients through their own religious beliefs to find the strength to cope with the reality of their physical or mental illness. Sadly enough, many of us have forgotten that the terms and principles of the medical ethics under which we practice have been distilled over thousands of years from the wisdom revealed to man by God. Such wisdom, compassion and understanding can easily be found in the treasures of our Judeo-Christian tradition. We have codes of ethics, marketing instructions, medical texts and legal responsibilities. All of these have been given to us as guidelines to care for our fellow man. It is possible for any human to ignore the ethics, forget the scientific facts and try to get around the legal responsibilities. We cannot, however, circumvent our conscience, neither can we hide from God. What we need is not a closer adherence to the books, but a return to the principles and teachings contained in THE BOOK.

Juan A. Ruiz, M.D.

DR. MISHR GETS AWARD FROM RECORDS DEPT.

Dr. Suman Mishr, internal medicine specialist and a member of the Council of the Mahoning County Medical Society, was recently awarded a \$200 gift certificate by the medical records department of Southside, Northside and Tod Children's Hospitals.

The award, good at the Avalon Inn in Warren, is part of a recognition program for physicians who have been up to date in maintaining their medical records, thus becoming eligible for the drawing. Only physicians with no delinquencies on their medical records are entered in the drawing. The drawings are held quarterly at the medical records committee meetings.

Editorial— (Continued)

image we present may resemble reality only by accident. Once again, it will be through *acts*, not words, that we define ourselves. It is through acts that we have come to our image, and it is through acts that we will retain or change that image.

The introduction of alternative forms of health-care delivery has spawned a new industry that many of us consider a threat. If we keep our ears to the ground, we may hear the rumblings of even more drastic changes. What we see now is nothing more than a chaotic interim or transitional phase. Few of us will recognize the end product. In this evolutionary revolution it is our *action* that will place pressures for development in one direction or the other. We have the unique opportunity to influence the force that will shape the evolution of our profession. That force is the patient, and the patient is where our attention should be directed; specifically, the *care* of our patients. We have come the full circle, and the master has become the servant. We are servants to the public and to our patients. We practice our profession because we love our work and because of love for our fellow man. We cannot all be, nor should be, Albert Schweitzers. But, if we are not noble we cannot claim nobility - - if we are not just and honest, we should not claim justice and honesty - - if we are humble, we should not flaunt our gifts. I believe in imminent justice. What virtues we lack, at some point in our lives, will be imposed upon us by those whom we have offended by the lack of those virtues. This where we stand now. All we have abused and deceived in the past is now about to teach us the lesson of humility, poverty, and obedience.

I have stated all that I see; I have defined the problem. In spite of this, we continue on our individual paths with the most important questions being who will reimburse whom at what fee schedule.

Benjamin M. Hayek, M.D.

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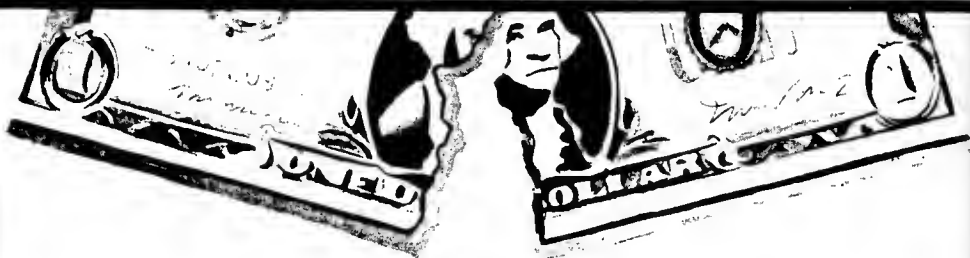
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SOCIETY HEARS DELEGATES

A report from the OSMA House of Delegates by the delegates from Mahoning County and an up-date on the Society's public information program were the highlights of the May 21 meeting of the Mahoning County Medical Society.

Dr. Jack Schreiber, who heads up the Society's public information program, reported the media blitz will begin May 28 and run for three weeks, including radio commercials on four stations for a total of 144 spots per week for the three weeks. There will be news releases to all area newspapers and letters to the editor to all area newspapers, as well. Schreiber estimated total cost of the campaign at \$18,000 to be contributed by members of the Society. The campaign is designed to inform GM employees of the advisability of contacting their physician before selecting one of the health benefit plans offered by GM.

Dr. W. E. Sovik, delegate to OSMA, spoke of some of the activity of the House of Delegates and expressed particular emphasis on the Nurse Practice Act. He noted that all physicians should be aware of the ramifications of the act and should contact their legislator and point out that the passage of the act will dilute the quality of care that will be available to medical patients.

Dr. K. F. Wieneke, delegate to OSMA, participated as a member of a resolution committee member and noted the OSMA has taken a strong stand against the institutional hiring of physician assistants as independent practitioners. He cited how a resolution last year, emanated from the local society, was adopted last year by OSMA and implemented this year, and then was picked up by the AMA House of Delegates. The result is an OSMA public information program and an AMA general public information program.

Dr. J. A. Lambert, alternate delegate who served as a delegate to OSMA, noted the democratic process holds sway on the State level, as evidenced by there being four candidates for the post of president-elect of OSMA. He spoke about the Peer-to-Peer program launched during the House of Delegates session, wherein each delegate and alternate agreed to contact five non-members and propose that they join organized medicine. Five of Mahoning County's representatives took part in the program.

Dr. Lambert also touched briefly on the status of the Western Reserve Health Plan, an IPA, and noted physicians from Mahoning and Trumbull counties will attend a meeting May 29 in an effort to make the IPA viable.

Dr. H. S. Wang, an alternate delegate who was seated as a delegate to OSMA, gave a report on several resolutions that will have some bearing on the practice of medicine and will enable the continuation of quality medical care, if they are fully implemented. One of the resolutions dealt with the Ohio State Medical Board and called for the implementation of legislation that would provide the Board with increased enforcement powers and better funding, staffing and investigative capability.

In response to questions concerning "hold harmless" clauses in contracts, it was noted that physicians should show any contract to a representative of their insurance carrier and perhaps an attorney before signing any agreement to provide medical services.

It was announced that the next meeting of the Society will be held at Anastos Restaurant in Mineral Ridge in September and will be the annual Old Fashioned Medical Meeting.

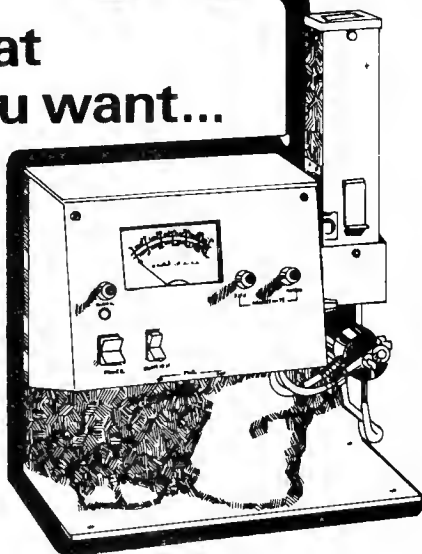
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PROCEEDINGS OF COUNCIL

April 9, 1985

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, April 9, 1985 at the Youngstown Club.

The meeting was called to order at 7:33 by Dr. Ruiz. It was noted that 13 members of council must be present to have a quorum and that number was not present and no action could be taken on any item on the agenda.

The meeting consisted of discussion and comments concerning the items listed on the planned agenda.

The treasurer report included a notation that 24 members have not paid 1985 dues yet, a total of dues receipts and a total of extra income earned for the first quarter of 1985.

Dr. Ruiz reported on the Leadership Conference he attended in Chicago in February. He noted it might be a good idea to have the editor of *The Bulletin* attend the conference because of the amount of valuable information that is available from such a variety of sources.

COMMUNICATIONS listed on the agenda were:

Notice of the AMA annual meeting in Chicago June 16-20; AMA letter opposing the freeze on Medicare payments to physicians copy of a letter sent by the Mahoning County Chapter of American Association of Medical Assistants to State legislators in opposition to proposed Nurse Practice Act; copy of a letter to Ohio Bell Yellow Pages strongly protesting the inclusion of an advertisement for a chiropractor in the Yellow Page section devoted to M.D. listings; notice from the State Medical Board concerning the suspension of the certificate to practice osteopathic medicine and surgery of James V. Blackann, D.O.; a letter of appreciation from Dr. Katz of Metropolitan Insurance for the reception at the March meeting of the Society; a letter concerning action taken by paramedics who are assigned to ambulance service.

Dr. G. DeCicco reported on the Physicians' Peer Review Organization liaison committee meeting held in Cleveland, March 20. Thirteen counties are represented on the committee. Dr. DeCicco's report delineated the regulations promulgated by the PPRO and was specific in noting that physicians must be assiduous in the work on patients records, being careful to be certain every entry is legible. A copy of Dr. DeCicco's report can be obtained by calling the Society office.

Dr. Jack Schreiber, chairman of the special public information committee, reported receipts from the special solicitation of members has reached \$4,625. He noted it is expected the total cost of the information program will be in excess of \$18,000. He reported the public service announcements on radio will be designed to precede and coincide with the GM sign-up period that will take place the end of May or the first two weeks of June. He stated he is in constant contact with Market Group One, the p.r. agency, and the multi-level public information program is on target. Suggestions were made by council members that the information program be a continuing project, even after the sign-up period is over, in order to keep the public informed of its options for medical care.

Dr. Lambert and Dr. Kohli reported to Council on the actions concerning establishment of an I.P.A. by physicians in Mahoning and Trumbull counties. Dr. Lambert stated the endorsement or approval of the I.P.A. by the Society is being requested. He stated the group feels physicians will be working for someone and they should be working for themselves as an I.P.A. He noted the I.P.A. is not exclusive to those who are forming it but is open to any physician and it is not limiting inasmuch as any member of the I.P.A. can also join other plans, such as PPO's. Because of the lack of a quorum, nothing was done about the request for approval.

Dr. Sovik, member of the OSMA legislative committee, reported on a meeting concerning House Bill 315, the Nurse Practice Act revision, that is being considered in Columbus. It was noted the proposed legislation would completely alter nursing regulations and practically allow the nurses to practice medicine without being sufficiently trained to do so. If adopted, the legislation would remove the oversight authority of the General Assembly regarding the scope of practice for nurses. The act would create a special council that would enable the nurses to dictate who would do what in the area of nursing and would prohibit persons from engaging in the practice of nursing without a nurse license or certificate. It would entail the potential loss of authority of the State Medical Board to discipline physicians and investigate persons practicing medicine without a license. Every physician has been urged to contact his legislator at once and make his views known concerning this proposed legislation.

Dr. Anderson, Sixth District Councilor, reported on activity of the OSMA Council and noted the legislative section at OSMA is pursuing the Nurse legislation and needs the support provided by physicians' letters to their legislators. He noted our local representatives to the legislature should be contacted and made a part of the Society's activity regarding the new awareness of medical options.

The meeting was adjourned at 9:55 p.m.

Robert B. Blake
Executive Director

PROCEEDINGS OF COUNCIL

May 14, 1985

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, May 14, 1985 at the Youngstown Club.

The meeting was called to order at 7:46 p.m. by Dr. Ruiz. The minutes of the March and April meetings, having been read, were approved.

The treasurer's report included a notation that 14 members have not yet paid 1985 dues and at the same time last year there were 14 members who had not paid their dues. It was noted that some of the 14 this year are the same as last year. The report also noted total membership dues receipts and non-dues income totals.

The following applications were presented for membership:

ASSOCIATE: George J. Aromatorio, M.D. Sundram Harikrishnan, M.D.
Paul A. Rosman, D.O.

ACTIVE: Khalid Iqbal, M.D. Bee Min Lim, M.D.
James F. Ervin, M.D. John H. Agnone, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society in the voted category, 15 days after the printing of the names in the minutes of the May meeting of Council that are mailed to all members, unless an objection is filed in writing with the executive director before that time.

COMMUNICATIONS included:

A notice of Medicare Audits and the Medicare Fee Freeze Monitoring; a letter from Dr. Bernstine notifying of his dropping of his membership in MCMS; a letter from the district office of Metropolitan Insurance Co. requesting that all physicians use the CPT4 and ICD9 codes when filing claims for LTV employee/patients; a news item concerning the repeal of the auto expense record keeping provision.

A report from the Public Information Committee listed receipts for the program and a mailing has been made containing the sample letter to be used by physicians in notifying their patients of participation or non-participation in the P.P.O.

A report from the Program Committee noted that Philip Richley of the local development agency and v.p. of Cafaro Company has been contacted as a guest speaker for the November meeting of the Society. State Senator Harry Meshel will be contacted and asked to be the guest speaker for the December meeting of the Society.

It was noted that legislation now allows patients to get their records from the hospital, unless special circumstances prevail. It was emphasized that all notations on the charts should be legible and any nursing notes should receive comments and answers. The importance of the comments and answers to nursing notes was strongly stressed.

After a discussion of the lack of payment to physicians by Pennsylvania Welfare Departments, a request was made that a letter be sent to Dr. Jackson, State Medical Director, to determine what is being done to assist border area physicians to obtain fees for treating out of state welfare patients.

It was announced that the September meeting of the Society, Sept. 17, will be held at Anastos in Mineral Ridge and will be an Old Fashioned Meeting with a Greek motif and menu. Also being included is an exhibition of traditional Greek anatomical movement.

It was noted that some members of the MCMS Auxiliary do not have proper credentials because their husbands are not members of the MCMS and the Auxiliary bylaws mandate spousal membership in MCMS.

A motion was made, seconded and passed to cancel the July and August meetings of the Council due to the difficulty of attaining a quorum during those months.

Co-sponsorship by the Society of a financial planning seminar, in cooperation with PICO and a local PICO agency was approved by the Council by motion made, seconded and passed.

Announcements included:

Society meeting May 21 at Antone's on Rt. 224, with an update of information from the OSMA House of Delegates session in Columbus and some local information.

OSMA House of Delegates meeting May 17-19, with specialty society meetings May 20-22 in Columbus.

Next Council session is June 11 and will be the final meeting until September, allowing for the summer hiatus.

The meeting was adjourned at 8:59 p.m.

Robert B. Blake
Executive Director

NEOUCOM FACULTY APPOINTMENTS

Appointed to clinical faculty rank by the NEOUCOM Board of Trustees at a recent meeting were:

Internal medicine— Rebecca Bailey-Newton, M.D., assistant professor; Paul W. Cosby, M.D., assistant professor.

Council of Surgery— Lester R. Melnick, D.O., associate professor; Madeline D. Miller, M.D., associate professor; Marc Uram, M.D., associate professor; John H. Agnone, M.D., associate professor.

WORDS OF WISDOM

The freedom of any society varies proportionately with the volume of its laughter.

Having two bathrooms ruined the capacity to cooperate.

If you are out to describe the truth, leave elegance to the tailor.

There seemed to have been so much more winter than we needed this year.

Live your life, do your work, then take your hat.

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HAPPY BIRTHDAY

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- June 19**
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- June 23**
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J. A. Patrick
- June 24**
J. K. Altier
M. C. Raupple
- June 27**
F. A. Pesa
B. M. Lim
- June 28**
Wm. Katz
- June 29**
H. L. Khanna
- June 30**
A. V. Banez
K. M. Prasad
- July 1**
A. M. Qadri
- July 2**
S. D. Grossman
I. Mendel
- July 4**
I. Nenadic
- July 5**
F. A. Miller
- July 6**
M. L. Fok
M. M. Kendall
- July 7**
C. L. DeMario
- July 8**
R. R. Houston
- July 9**
G. L. Altman
J. R. LaManna, Jr.
- July 11**
L. M. Pass
- Juyl 13**
G. Boullis
D. W. Metcalf
- July 17**
J. J. Lee
- July 18**
G. H. Dietz
J. L. Finley
- July 19**
N. A. Jaffer
- July 20**
S. A. Basile
J. B. Werning
- July 23**
G. S. Sevachko
W. F. Stanford
- July 24**
B. L. Lipton
W. G. Palmer
- July 27**
N. D. Belinky
M. M. Yarmy
- July 29**
J. A. Abram, Jr.
R. Aiello
S. M. Zervos
- July 30**
A. M. Friedman
J. H. Fuls
F. L. Schellhase
- August 3**
I. Werbner
- August 4**
D. A. Salcedo
- August 6**
R. S. Boniface
H. S. Wang
P. A. Miller
- August 7**
B. J. Klahr
J. A. Lambert
- August 8**
M. E. Lowry
F. J. Stefanic
- August 9**
R. B. McConnell
J. P. Myers
- August 10**
J. Politi
- August 11**
I. N. Dombczewsky
G. Ariza
- August 14**
J. L. Fisher
M. Amin
- August 16**
B. M. Hayek
P. W. Ho
- August 17**
S. W. Ondash
J. A. Colella
S. Goldstein
- August 18**
F. Gelbman
G. J. Prochnow
- August 19**
W. T. Breesmen
J. J. Campolito
S. S. Husain
S. C. Keyes
J. R. LaManna
- August 20**
R. J. Sinsheimer
- August 22**
R. J. Hritzo
- August 23**
E. V. Angtuaco
W. D. Loeser
- August 25**
A. G. Bitonte
F. A. Carbonell
H. A. Latoree
A. W. Miglets
- August 26**
C. E. Molloy
- August 27**
F. W. Kunkel
W. R. Torok

August 28C. A. Ariza
E. T. Saadi**August 30**J. S. Conti
D. R. Dockry**August 31**L. J. Gasser
W. W. Tullner**September 1**

B. Taylor

September 3

D. E. Beynon

September 4M. B. Krupko
E. Kessler**September 5**H. X. Kramer
A. V. Whittaker
M. R. S. Arnold**September 8**

I. Maeda

September 9A. R. Hoffmaster
C. E. Pichette**September 10**

A. K. Phillips

September 12

S. N. Habib

September 13

R. Bailey-Newton

September 14M. B. Goldstein
D. J. Tamulonis, Jr.

PRONOUNCEMENT OF DEATH AND SIGNING OF DEATH CERTIFICATES

Although not a new interpretation, recent inquiries have indicated a possible need for reminder of the existing legal requirements concerning pronouncement of death and signing of death certificates:

- 1) *Only a licensed physician may pronounce a patient dead.*

Ohio Attorney General's Opinion 72-116 concludes that only a duly licensed physician can make the final diagnosis that death has occurred.

It should be noted that temporary certificate holders under Section 4731.291, Revised Code, are, by definition, *not* duly licensed physicians.

- 2) *A licensed physician need not personally examine the body of a deceased patient prior to pronouncing death.*

If a nurse or other competent observer recites the facts of the deceased's present medical condition to the physician by telephone or other means, the physician, if satisfied that death has occurred, may make the pronouncement of death. That pronouncement is a medical decision, subject to review like any other medical decision, and the physician must be prepared to justify his pronouncement.

- 3) *Death certificates must be signed by the attending, fully licensed physician or the coroner.*

Section 3705.27, Revised Code, requires that death certificates be signed by the physician who attended the deceased or the coroner. Rule 3701-5-03, Ohio Administrative Code, defines the attending physician as the physician in charge of the patient's care for the illness or condition which resulted in death.

It should again be noted that temporary certificate holders, by definition, *cannot* be in charge of the patient's care and, thus, *cannot* sign patient death certificates.

Rule 3701-5-03, Ohio Administrative Code, also requires that the medical certification be made or signed by the attending physician or coroner within forty-eight (48) hours after death.

- 4) *The attending physician need not personally examine the body of the deceased prior to signing the death certificate.*

This conclusion is reached in Ohio Attorney General's Opinion 76-026, where it is also noted that it remains a professional decision for the physician whether to personally examine the body of a deceased person prior to certifying on the certificate that death was due to the cause stated on the certificate.

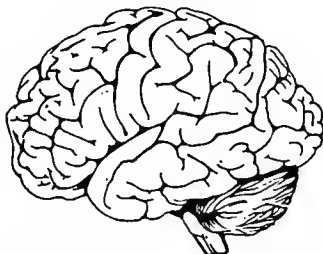
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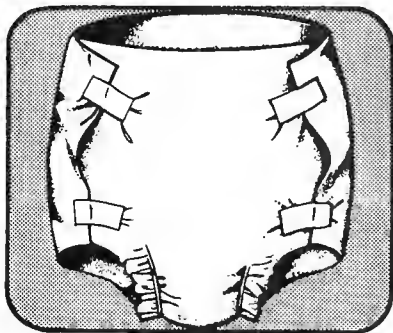
If you would like more information on how you can become a participating Advance Plan physician, contact your local Blue Shield Professional Relations office.



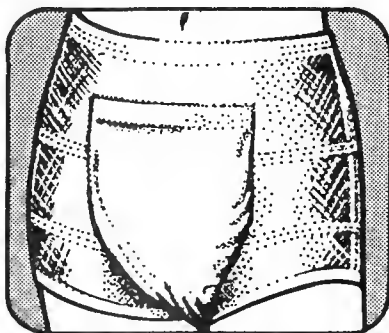
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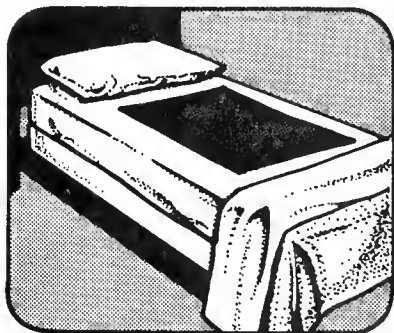
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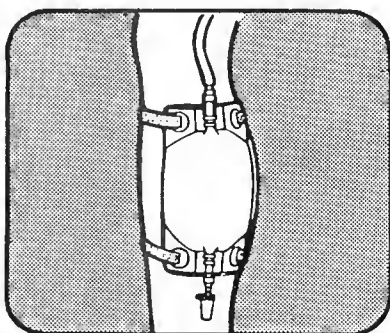
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From the Bulletin

FIFTY YEARS AGO — JUNE, 1935

"Hap" Hathhorn's Public Health Committee was conducting an intensive campaign to stamp out diphtheria, smallpox, typhoid fever and cancer. That was a big order.

So far as diphtheria, smallpox and typhoid were concerned, the means were available. It was committee's job to educate the public and it did it very well. Those diseases are now rare and the people were never asked to contribute a dime.

Prohibition was repealed - - a sad blow for the bootleggers. It looked like the Mahoning Canal was a sure thing.

FORTY YEARS AGO — JUNE, 1945

Speaker that month was Dr. Cole, prominent dermatologist from Cleveland. He said that with intensive treatment (arsenic and bismuth) early syphilis could be cured in a year. Penicillin was experimental but gave promise. It had to be given every 3 hours I.M. or I.V. and relapses occurred even after as much as 900,000 units.

Prevention of rabies was being urged by quarantines and anti-rabic inoculations of dogs. There was some concern expressed over the appearance of cases of trichinosis from black market meat.

Dr. J. N. McCann was appointed to the State Board of Medical Licensure. Alcoholics Anonymous celebrated the fifth anniversary of its founding.

Captain L. S. Shensa and Major P. R. McConnell were home on leave. Captain Sam Tamarkin was promoted to Major and Lt. Sam Schwebel to Lt. Commander. Capt. Larry Weller was sweating out the war in Texas. Schellhase and DeCicco were heard from in the Philippines.

You could buy a rayon slack suit at McKelvey's for \$10.25 but couldn't find a white shirt anywhere.

THIRTY YEARS AGO — JUNE, 1955

C. A. Gustafson was elected Councilor of the Sixth District. W. M. Skipp was Delegate to the A.M.A. S. W. Ondash was a member of the Board of Directors of the Ohio Surgical Assn. Francis Kravec was Secretary of the Ohio Chapter of American College of Chest Physicians.

Mrs. W. H. Evans was President-Elect of Woman's Auxiliary to the Ohio State Medical Assn. Mrs. Craig Wales was Director for the Sixth District and President of the Mahoning County group. Mrs. Ivan Smith was President-Elect.

New members that month were Joseph V. Newsome, John Guju, H. A. Brinks and Ben C. Berg.

Morris Rosenblum and James E. Mitchell won the doubles handball championship at the Y.M.C.A.

TWENTY YEARS AGO — JUNE, 1965

Speaker was Irwin W. Bean, M.D. of Regina, Canada, who spoke on "What Really Happened in Saskatchewan." He urged American physicians to be united and to learn from the Saskatchewan experience of "inexorable progression of government's role in medical care."

Delegates to OSMA meeting were Drs. G. E. DiCicco, S. F. Gaylord, J. V. Newsome and L. P. Caccamo. Mahoning County's controversial resolution was amended but passed, the resolved of which read. "That the Ohio State Medical Association emphasize to all physicians that they are free to decline to participate in the system of medical care established by H.R./6675 (Medicare) or any similar legislation and they are urged to maintain their professional principles, to continue to care for their patients as before,

even without pay, but not to participate in any system of medical care that would lend itself to a deterioration in the quality of that care."

TEN YEARS AGO — JUNE, 1975

President Rashid Abdu stated in his President's Page, "The tranquility of the last decade in medicine brought the technical advances of today. I wonder what the chaos of today will bring to the decade ahead." The answer is "More chaos, Rashid, much more!"

At the State Meeting in May in Columbus, Dr. C. E. Pichette was re-elected Councilor of the 6th District for a two-year term. Dr. Jack Schreiber was re-elected Alternate Delegate to the AMA for a two-year term. Other delegates were Dr. J. C. Melnick, Dr. J. W. Tandatnick, Dr. W. E. Sovik, Dr. Rashid Abdu, and Dr. Wm. Moskalik.

Dr. Robert Mossman died on May 1, 1975, at the age of 89. He worked with Dr. Carlos Booth, then later became Chief Surgeon for Sharon Steel Co. until serving in World War I. He was also a former City Health Commissioner.

Dr. Sanford Gaylord announced the availability of fiberoptic colonoscopy with photographic and biopsy capability, at St. Elizabeth's Hospital. Both Dr. Gaylord and Dr. Joseph Gregori were trained and qualified for the procedure.

New members that month were: ACTIVE— Carlos Cerrezuela, M.D. and Nora Natividad, M.D. ASSOCIATE— Ali F. Azimpoor, M.D., Wm. F. Crawford, M.D., Alam M. Quadri, M.D. and Ragu R Sandbandham, M.D.

Robert R. Fisher, M.D.



ITEMS

From the Exec's Desk

ROBERT B. BLAKE, Executive Director

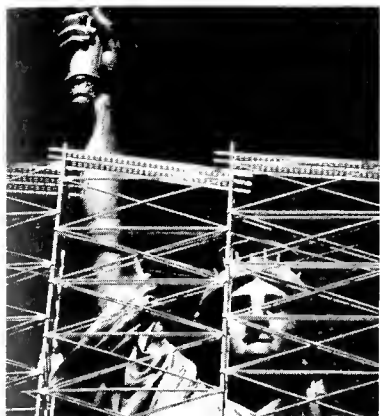
Physicians are well aware of the problem of skyrocketing professional liability insurance costs. A national magazine now reports the same thing is now happening with general liability. Association executives looking for or renewing insurance are finding higher premiums, reduced coverage, more exceptions and exclusions, and fewer companies offering such insurance.

* * * * *

Medical Economics reports that six teaching hospitals in Philadelphia are joining forces to market their specialized medical services overseas. They hope to attract 15,000 foreign patients to the City of Brotherly Love by 1988. They anticipate that the average patient would pay \$10,000 for the services, but that figure would include airfare and a hotel room for relatives.

* * * * *

When hiring your next office manager, you might consider looking for one who is smart and *lazy*! *Personnel Update* reports that studies indicate that lazy managers are the best managers. They're smart enough to thoroughly understand what's going on, but too lazy to do things the hard way. On the other hand, smart and eager managers have little patience with subordinates who are slow to catch on. This leads to friction and lower productivity.



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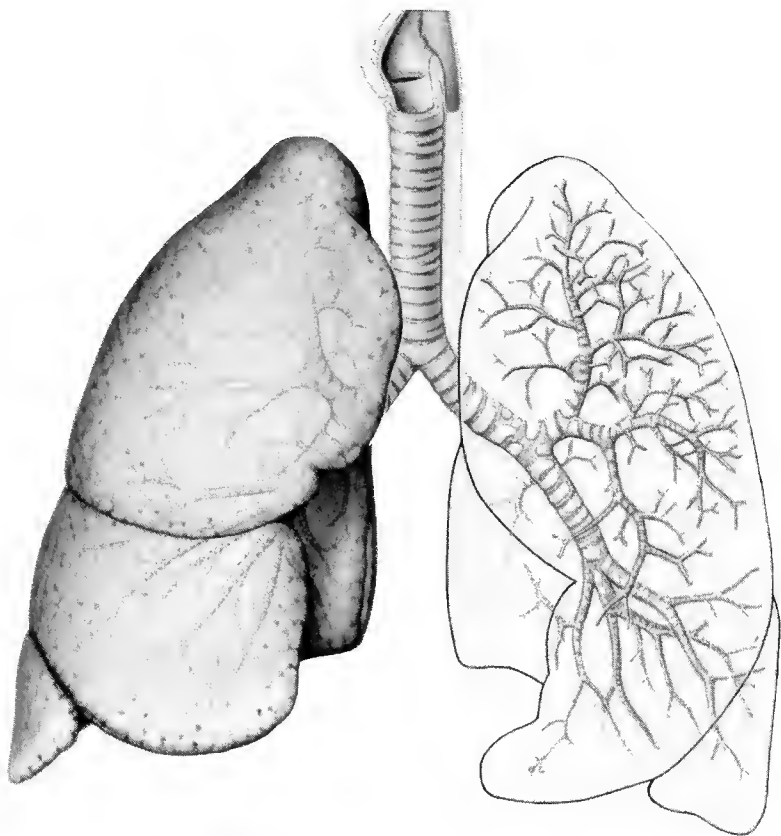


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Brief Summary Consult the package literature for prescribing information.

Indications and Usage: Cefclor (cefadroxil) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefclor.

Contraindication: Cefclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics including Cefclor should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics including macrolides, semisynthetic penicillins, and cephalosporins; therefore it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life threatening.

Treatment with broad spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one possible cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation when the colitis does not improve after the drug has been discontinued, at which time it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Precautions: **General Precautions** — If an allergic reaction to Cefclor occurs, the drug should be discontinued and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of Cefclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antioglobulin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

Cefclor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefclor a false positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistix® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Broad spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy — Pregnancy Category B — Reproduction studies have been performed in mice and rats at doses up to 12 times the human dose and in fetuses given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Cefclor. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers — Small amounts of Cefclor have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.19, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Cefclor is administered to a nursing woman.

Usage in Children — Safety and effectiveness of this product for use in infants less than one month of age have not been established.

Adverse Reactions. Adverse effects considered related to therapy with Cefclor are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely.

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs' tests that occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthralgia/arthritis and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cefclor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain — Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as a warning to the clinician.

Hepatic — Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematologic — Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal — Slight elevations in BUN, serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

(061782R)

Note: Cefclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

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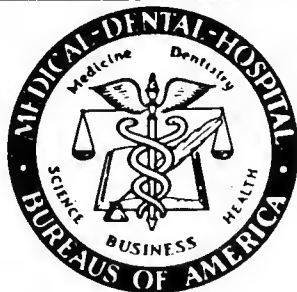
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